

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/59/800

FILING DATE

19 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/			/		
4	/			/		
5	/			/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12	/			/		
13		/		/		
14		/		/		
15		/		/		
16		/		/		
17		/		/		
18		/		/		
19		/		/		
20		/		/		
21		/		/		
22		/		/		
23		/		/		
24		/		/		
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36	/			/		
37		/		/		
38	/			/		
39		/		/		
40		/		/		
41		/		/		
42	/		/			
43		/		/		
44		/		/		
45		/		/		
46		/		/		
47		/		/		
48		/		/		
49		/		/		
50		/		/		
TOTAL IND.	17	↓	5	↓		↓
TOTAL DEP.	161	←	114	←		←
TOTAL CLAIMS	178		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
56		/		/		
57		/		/		
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63		/		/		
64		/		/		
65		/		/		
66		/		/		
67		/		/		
68		/		/		
69		/		/		
70		27		/		
71		27		/		
72		27		/		
73	/		/			
74	/		/			
75		/		/		
76	/			/		
77		/		/		
78	/			/		
79		/		/		
80	/			/		
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86		/		/		
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89		/		/		
90		/		/		
91		/		/		
92		/		/		
93		/		/		
94		/		/		
95		/		/		
96		/		/		
97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						